



Austrian OSCE Chairmanship Conference on Cyber Security

Vienna, Austria, 3 November 2017

Registration Form

Please submit this form not later than 30 October 2017 by e-mail to elke.lidarik@osce.org

SECTION 1 (To be filled in by all participants)

Please complete in by typing over the mark ○○○○○○;

to tick the check boxes, please double click on them and choose the "checked" option

Family Name:	Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Given Names:

<i>Please tick the correct box and indicate which country/organization/OSCE/NGO etc you are representing:</i>		
<input type="checkbox"/> Participating State <i>Please indicate country:</i>	<input type="checkbox"/> Partner for Co-operation <i>Please indicate country:</i>	<input type="checkbox"/> International Organization <i>Please indicate name of organization:</i>
<input type="checkbox"/> OSCE Secretariat <i>Please indicate department:</i>	<input type="checkbox"/> OSCE Field Operation <i>Please indicate name of FO:</i>	<input type="checkbox"/> OSCE Institution <i>Please indicate name of institution:</i>
<input type="checkbox"/> NGO <i>Please indicate name of NGO:</i>	<input type="checkbox"/> Academia, Scientific Community, Private Sector <i>Please indicate name of institution:</i>	<input type="checkbox"/> Other:

<i>Title / Position as to appear on the list of participants:</i>

<i>Tel No. with all prefixes, including national code:</i>	<i>E-mail address:</i>

By submitting this Registration Form I accept that:
<p>I shall indemnify, hold and save harmless and defend at my own expense the OSCE and all of its officials, agents and consultants/experts from and against all suits, claims, demands and liability of any nature and kind, arising out of or in connection with my participation in the event(s), named above; and</p> <p>My participation in the event(s), named above, constitutes my comprehensive consent to being photographed, filmed, and/or otherwise recorded by the OSCE and to that material's use, modification, release, publication, exhibition or reproduction for publicity, informational, promotional, reporting or other official purposes by the OSCE, without any time restriction and without any entitlement for compensation of any kind.</p>

SECTION 2

TO BE FILLED IN BY NOT PERMANENTLY ACCREDITED DELEGATION MEMBERS AND PERSONS REQUESTING VISA SUPPORT LETTERS

A copy of relevant page(s) of the passport should be annexed to the registration form and sent to elke.lidarik@osce.org

Nationality		Current country of residence		Date of birth					
				Day	Month	Year			
Passport number		Issued on and by		Passport type			Expiry date		
				Diplomatic	National	Other	Day	Month	Year
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Arrival		Flight #:		Departure			Flight #:		
Date:		Time:		Date:			Time:		
In Vienna, during the event, I will stay at:		My visa application is with the Embassy in (city) The interview is scheduled for:			My travel is funded by:				